

---

## Child Care Provider Policy Manual



# TABLE OF CONTENTS

<b>HANDWASHING .....</b>	<b>2</b>
How Germs Spread.....	2
Key Times to Wash Hands .....	2
Steps to Wash Your Hands the Right Way .....	2
<b>HEALTH CARE POLICY AND PROCEDURES .....</b>	<b>3</b>
Ill or Infected Caregiver .....	3
Ill or Infected Children.....	3
Parent/Guardian Notification Plan.....	3
Emergencies.....	4
Exposure to Blood or Other Potentially Infectious Materials .....	4
Reduce the Spread of Illness through Direct Contact .....	4
Reduce the Spread of Respiratory Illnesses.....	4
Infant Sleeping Position Practices .....	5
<b>MEDICATION POLICY .....</b>	<b>5</b>
<b>FOOD AND NUTRITION.....</b>	<b>6</b>
<b>BEHAVIOR MANAGEMENT AND GUIDANCE .....</b>	<b>6</b>
<b>SUSPECTED CHILD ABUSE OR NEGLECT .....</b>	<b>6</b>
Mandated Reporter .....	6
Shaken Baby Syndrome and Abusive Head Trauma .....	7
Recognizing.....	7
Reporting .....	7
Prevention Strategies .....	7
Prohibited Behaviors .....	7
<b>EMERGENCY PLANNING.....</b>	<b>7</b>
<b>PHYSICAL CHILD CARE AREA .....</b>	<b>8</b>
Cleaning .....	8
Disposal of Garbage and Biological Contaminants .....	10
Hazards .....	10
Community Assessment .....	10
Toys and Play Equipment.....	10
<b>TRANSPORTATION .....</b>	<b>10</b>
Parental Notification .....	11
Drop Off/Pick Up Times .....	11
Child Passenger Safety.....	11
ACKNOWLEDGEMENTS.....	11

# HANDWASHING

For the health and safety of myself and the children in my care, we will follow handwashing procedures outlined by the U.S. Centers for Disease Control and Prevention (CDC) at all times which is reviewed below.

## HOW GERMS SPREAD

Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands.
- Prepare or eat food and drinks with unwashed hands
- Touch a contaminated surface or objects
- Blow your nose, cough, or sneeze into your hands and then touch other people's hands or common objects.



## KEY TIMES TO WASH HANDS

We keep ourselves healthy by washing our hands often, especially during these key times when it one is likely to get and spread germs:

- Before, during, and after preparing food
- Before eating foods
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After toileting
- After changing diapers or cleaning up a child who has used the toilet
- After blowing our nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After touching garbage

## STEPS TO WASH YOUR HANDS THE RIGHT WAY

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community – from your home and workplace to childcare facilities and hospitals.

# HEALTH CARE POLICY AND PROCEDURES

For the safety of your child and all children in our care, please do not bring your child to daycare sick.

## ILL OR INFECTED CAREGIVER

I will not accept children in care when I am sick and potentially can spread illness that may endanger the health or well-being of any child in my care. I will monitor myself against signs of illness that may include fever, coughing, upper respiratory infection, vomiting, or diarrhea.

If there is a time, I am unable to provide child care services due to illness, I will notify the parent/guardian as soon as possible so alternative arrangements can be made. If possible, I will notify the parent/guardian the night before, however, should I awake ill, I will notify the parent/guardian as early as possible in the morning. Should I become sick during the course of the day, I will notify parent/guardian for immediate pick-up of the child(ren) in care.

## ILL OR INFECTED CHILDREN

A child with any of the following illnesses must be completely free of any symptoms before returning to daycare. If the child is taking antibiotics for an illness, the child may return after the initial 24 hours of beginning antibiotics as long as (s)he has a temperature below 100.4 degrees, no longer contagious, and is otherwise feeling well enough to participate in our daily schedule.

Signs of illness may include the following: unusual lethargy, irritability, persistent crying for no reason, runny nose (more than clear), cough (more than slight), difficulty breathing, diarrhea, vomiting, mouth sores, rash, pink-eye, chicken pox, mumps, measles, roseola, hepatitis A, impetigo, lice, ringworm, scabies, strep throat, scarlet fever, tuberculosis, shingles, and any other contagious rash or disease.

Any child with a fever of 100.4 degrees or above, orally or axillary, may not attend daycare.

I will monitor each child in my care throughout the day for signs or symptoms of illness or contagious diseases. A parent/guardian will be contacted with the contact recorded and filed in the child's record, and the child sent home for symptoms outlined in Missouri regulations.

## PARENT/GUARDIAN NOTIFICATION PLAN

Parent/guardian will be notified if I observe changes in the child's health, child experiences accidents, injuries, incidents, or if a child becomes ill. Each of the following notifications will occur:

- **Accident, Injury, or Incident** – parent/guardian will receive a written report that includes the time, date, nature of the incident/accident, and first aid or action taken. Staff will discuss with the parent/guardian at pick up and I, along with the parent/guardian will sign the report.
- **Accident, Injury, or Incident (Serious)** – parent/guardian will receive a phone call as well as the written report discussing the accident injury or incident.
  - Parent/guardian will automatically receive a phone call if the injury occurs above the shoulders as well as the written report.
- **Illness** – parent/guardian will receive a phone call if a child becomes ill. The parent/guardian will be required to pick up the child within one hour of notification.

If the child becomes ill while in care, (s)he will be comfortable cared for separately from the other children until the parent/guardian can arrive to take them home. The child must be free of symptoms, eating a regular diet, and free of fever for 24 hours before returning.

## EMERGENCIES



I make every effort to provide the children with a safe environment through supervision and childproofing of the child care area. However, minor bumps, scrapes, and cuts are inevitable. If something should happen, the appropriate first aid will be given, and accident forms will be filled out and signed. I maintain current First Aid and CPR Training.

If any major injury or medical problem occurs, the parent/guardian will be contacted immediately. If I cannot contact the parent/guardian, I will contact the emergency contact numbers supplied to me. If necessary, I will contact 9-1-1 or the poison control center prior to contacting the parent/guardian.

If necessary, the injured or ill child will be transported to the hospital at the parent's expense.

## EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS

As a child care provider, I will likely be exposed to blood or bodily fluids at some point as children are likely to get bloody noses and suffer a cut or scrape. For this reason, I am aware of the risks of blood-borne pathogens and how to protect myself from infection.

If I believe there has been exposure to a bloodborne pathogen, I will immediately wash the affected area with soap and water; report the incident to the appropriate agency if necessary and proceed immediately to a physician or emergency room.

Guidance from the Centers for Disease Control and Prevention (CDC) provides the following guidelines for me to follow to assure the health and safety of myself and any child in my care.

### *Reduce the Spread of Illness through Direct Contact*

- Make sure the provider, and any children in care, wash their hands after contact with any body fluids.
- Wear disposable gloves when touching body fluids or objects and surfaces contaminated with body fluids
- Use running water for handwashing. Do not use basins or stopped sinks, which can become contaminated with the germs.
- Use plain liquid soap and single-use disposable paper towels or single-use cloth towels.
- Always use single-use disposable tissues wiping noses. Never use the same tissue for more than one child.
- Dispose of used tissues and paper towels in a disposal container which is kept away from food and supplies.
- Follow recommended procedures for cleaning, sanitizing, and disinfecting toys and surfaces.
- Wash and cover sores, boils, blisters, cuts, or scrapes promptly and wash away eye discharge.
- Report rashes, sores, eye discharge, and severe itching to the parent/guardian so they contact the child's health care provider(s).

### *Reduce the Spread of Respiratory Illnesses*

- Provide ventilation, including airing out the child care area daily and encouraging outdoor play.
- Teach children to cough or sneeze into their elbow or sleeve. If they sneeze or cough into a hand or tissue, they must properly dispose of the tissue and wash their hands.
- Ensure hands are washed after wiping or blowing a nose, after contact with any fluids from the nose, throat, or eye, and before preparing or eating food.
- Don't allow food or eating utensils to be shared.
- Clean and sanitize mouthed toys.
- Clean eating utensils carefully in soapy water; then rinse, sanitize, and air dry or use a dishwasher to sanitize dishes and utensils.

- Use single-use disposable cups, or reusable cups that are cleaned and sanitized after each use

## INFANT SLEEPING POSITION PRACTICES

Based on the risk factors of Sudden Infant Death Syndrome (SIDS) all infants will be placed to sleep on the infant's back unless the home has been provided a physician's written statement authorizing another sleep position for that particular infant. All infants will be placed to sleep on a firm, tight-fitting mattress in a sturdy and safe crib with no pillows, quilts, blankets, comforters, bumper pads, sheepskins, stuffed toys, or other soft items in the crib.

For the safety of any infant in my care, I will ensure that no infant will nap or sleep in any furniture or equipment that is not an approved crib, including, but not limited to, car seats, bouncy seats, infant seats, swings, jumping chair, or similar items. I further acknowledge that if an infant should fall asleep in any of these unapproved items, I will move them from said location and place them on their back in an approved crib.

## MEDICATION POLICY

When a parent/guardian requests that the care provider administer medication, the following provisions, based on requirements of state standards shall apply:

- Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian.
  - I will not honor any instruction from a parent/guardian which contradicts the instructions of the physician (for prescription drugs) or the instructions on the label (for over the counter drugs).
- I will maintain a record as to the time and the amount of any medication given or applied.
- The medication shall be in the original container, stored according to the instructions, and must have the original pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication and shall be given in accordance with those instructions.
- I will keep the medication out of the reach of children.
- I will return the medication to the parent/guardian when it is no longer needed.
- No medication prescribed to one child will ever be administered to another child at any time.





## FOOD AND NUTRITION

The parent/guardian is responsible for providing me with a list of each child's known food allergies. The parent/guardian should provide a care plan prepared by the child's primary health care provider with a list of the food(s) the child is allergic and instructions for steps to avoid that food; as well as a detailed plan to be implemented in the event of an allergic reaction including specific symptoms which indicate the need to administer medication. With the parent/guardian's permission, I will post the food allergies in the food preparation area; otherwise those allergy records shall be maintained in each child's enrollment form and food allergy plan.



I will have a plan for each child with a food allergy developed with the parent/guardian that includes:

- Instructions regarding the food(s) to which the child is allergic and steps to take to avoid that food
- A detailed treatment plan to implement in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications
  - The plan, reviewed and signed by parent/guardian, includes specific symptoms that indicate a need to administer one or more medications, the process to notify the parent/guardian of any suspected or known ingestion of or contact with the problem food even if a reaction did not occur, and the process to contact emergency medical services immediately if epinephrine is administered.

## BEHAVIOR MANAGEMENT AND GUIDANCE

My goal is to provide safe care for your child and to ensure that I correct inappropriate behavior in a manner that shows love and respect. Under no circumstances should discipline occur with shame, humiliation, sarcasm, or physical punishment. If your child's behavior becomes unmanageable, you will be notified to come pick him/her up. In addition, we will document all behavior problems and any conversations with the parent/guardian.

When a child's behavior is disruptive (i.e. biting, hitting, throwing objects or using "bad" language), the parent/guardian will be notified. If the child continues a disruptive behavior, a parent/guardian conference will be held to discuss reasonable solutions to the situation. The discussion will include a consideration of any disability, which affects the child's behavior and a reasonable accommodation to meet the child's need and eliminate the disruptive behavior.

## SUSPECTED CHILD ABUSE OR NEGLECT



### MANDATED REPORTER

As a registered child care provider, I am required by state law to report any instances of child abuse or neglect to the appropriate authorities. I must all report any instances in which there is a "reasonable suspicion" that abuse or neglect may have occurred. I take these responsibilities seriously and will report any actual or reasonable suspicions of abuse or neglect.

I have completed training required of all registered child care providers which educated me on the signs and symptoms often associated with child abuse and neglect regarding

physical indicators on the child, child behavioral indicators, and characteristics of the parent/guardian. I will use these guidelines to help me determine if I feel “reasonable suspicion” exists with each child in care.

## **SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA**

I believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

### *Recognizing*

Each child is observed for signs of abusive head trauma including irritability and/or high pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

### *Reporting*

If shaken baby syndrome or abusive head trauma is suspected, I will:

- Call 9-1-1 immediately
- Contact the parent/guardian
- If the child has stopped breathing, I will immediately begin pediatric CPR

### *Prevention Strategies*

To assist in coping with a crying, fussing, or distraught child, I will first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need identified, I would attempt one or more of the following strategies:

- Rock the child, hold the child close, or walk with the child
- Sing or talk to the child in a soothing voice
- Gently rub or stroke the child’s back, chest, or tummy
- Offer a pacifier or try to distract the child with a rattle or toy
- Take the child for a ride in a stroller
- Turn on music or white noise

### *Prohibited Behaviors*

Behaviors that are prohibited for children in my care include, but are not limited to:

- Shaking or jerking a child
- Tossing a child into the air or into a crib, chair, or car seat
- Pushing a child into walls, door, or furniture

## **EMERGENCY PLANNING**

An Emergency Action Plan has been developed to be implemented in the event of an emergency situation. The plan has been designed to provide a plan of action in the event of a natural or man-made disaster. While developing this plan, consideration of each child’s development and ability was considered to ensure the plan is effective to keep them safe.

In the event of an actual emergency, we will follow the instructions of the local authorities and I will continue to monitor your child to observe any behavior(s) that will help avoid danger. The instructions may be to stay in the



child care area and shelter-in-place, or to evacuate. If we are instructed by authorities to evacuate to a specific location, the children will be taken to the location identified by the authorities. If no specific location is provided, parents will be notified where the children are taken based on the circumstances.

As part of our Emergency Action Plan, we ask that you update your contact information including current telephone numbers (home, work, and cell, as appropriate) and addressed for yourself and any emergency contact persons as soon as changes are made.

## **PHYSICAL CHILD CARE AREA**

As part of my requirements for being registered with the State of Missouri to care for your child, I follow all local ordinances which pertain to my geographical location, including requirements of business licenses, permits or waivers, as well as meeting codes and regulations for construction standards, fire safety rules, health stipulations, animal control, or other similar considerations.

## **CLEANING**

I take the well-being of every child in care very seriously and work hard to provide an environment that is healthy as possible. I am committed to keeping my child care area and the children in care as clean as possible, in order to help minimize and/or prevent the spread of germs. My child care area is kept clean and disinfected at all times. I thoroughly clean surfaces that children come in close contact with using soap and water, or Lysol, etc. As appropriate, high chairs, diaper changing tables, etc. are cleaned and disinfected between each use. Toys are cleaned and disinfected often.

To help eliminate the spread of germs, I will wash and disinfect toys regularly. In the instance where a child had an illness, toys will be washed on a more regular basis.

When cleaning, disinfecting, and sanitizing, I will ensure that all products used for the health and safety of the child care area, myself, and the children in care will be used as directed by the manufacturer's or health department guidelines. I will also ensure that when cleaning and disinfecting I will keep the children away from the area to ensure they do not have access to chemicals and that adequate ventilation is maintained in the child care area to prevent children and myself from inhaling potentially toxic fumes.

In addition to ensuring items, such as cleaning materials, laundry detergents (including pods), automatic dishwasher detergent (in liquid or solid form, including pods), aerosol cans, pesticides, health and beauty aids, medications, lawn care chemicals, liquid nicotine and tobacco products, or other toxic materials remain inaccessible to children in care at all times, I also recognize that these products should only be used as recommended by the manufacturer and stored in their originally labeled containers.

# CLEANING SCHEDULE

	After Each Use	Daily	Weekly	Monthly	Notes
Changing Tables					
Food prep area & sinks					
Dining table or high chairs					
Cribs, playpens, swings, or other similar furniture					
Dishes & utensils					
Vacuum, sweep, and/or mop floors					
Change garbage cans					
Diaper Pails					
Return all toys to storage bins					
Art supplies used					
Hand towels & bibs					
Bedding					
Doorknobs, light switches, and cabinet handles					
Pretend play items (clothing, etc.)					
Sanitize toys					
Oven, Refrigerator, Microwave, and other kitchen appliances					

## **DISPOSAL OF GARBAGE AND BIOLOGICAL CONTAMINANTS**

Proper storage and disposal of garbage not only prevents the spread of disease, it also helps to prevent unpleasant odors and other problems with insects and rodents. Soiled items that are disposable should be thrown away immediately in an appropriate trash or diaper container. Garbage, and if applicable, other containers, such as diaper containers, will be emptied, cleaned, and disinfected daily. Containers will be located in areas that are inaccessible to children.

## **HAZARDS**

I do regular checks of the items in my home to ensure they are in good working order and do not pose any hazards to the children. To ensure the safety of myself and the children in my care, I check for the following items regularly:

- Outlets, appliances, and fixtures are properly installed, in good working order, and tamper-resistant.
- Electrical devices are not plugged in near water sources.
- Toys and play equipment are safe and in good working order.
- Items in my home such as the clothes dryer, washing machine, and if appropriate, gasoline lines, propane tanks and lines, fireplaces, portable heaters, etc. are monitored to be in working order and operated in a manner safe to your child.

## **COMMUNITY ASSESSMENT**

I monitor the area surrounding the child care area and am aware of any potential hazards including, but not limited to:

- Any potential air, soil, or water contamination
- Toxic or hazardous building materials
- Potential community hazards, such as pesticides, electrical sub-stations, gas lines, propane tanks, industrial facilities, or other similar concerns.

If I observe, or learn of, any of the above potential hazards which puts myself, or any child in my care, at risk, I will notify the parent/guardian as well as follow guidance from the appropriate authority on required next steps to ensure the child care area is safe for your child.

## **TOYS AND PLAY EQUIPMENT**

I will monitor all toys and play equipment that any child(ren) in my care have access. To ensure the safety of the children, I will remove any toy or play equipment that have i) sharp or splintered edges, ii) small parts that can be swallowed or become lodged in the child's windpipe, ears, or nostrils; iii) loud noises which can potentially damage hearing; iv) sharp points; v) propelled objects including things such as missiles or other flying toys which can cause injury to the eyes; vi) electronic toys which can cause shock or burns if improperly wired or used; vii) rusted or weakened, and viii) that are not appropriate for the age of the child using. When adding new toys or play equipment into the child care area, I will ensure that I follow all manufacturer recommendations and directions for assembly and use.

## **TRANSPORTATION**

There may be times it is necessary to transport your child, such as to and/or from school, field trips, appointments, etc. The following practices will be observed at any time transporting your child is required. When transporting any child in my care, I will keep a travel kit which includes emergency contact information, including, at a minimum, each child's name and the name, telephone number(s), and address of each parent/guardian, children's necessities, medications, and a snack or drink, as applicable.

## **PARENTAL NOTIFICATION**

Notification of planned outings will be shared with the parent/guardian with details about the trip, the date on which it will occur, destination and address, and estimated times of departure and return.

Parental notification is not required for short walks that are unscheduled throughout the day.

## **DROP OFF/PICK UP TIMES**

Parent/guardian should drop off and pick up their child(ren) on the curb side of the vehicle unless vehicle is in an off-street location, such as a driveway. I, along with the parent/guardian will assure that all children are clear of the perimeter of all vehicles before any vehicle moves.

## **CHILD PASSENGER SAFETY**

Children will only be transported in a developmentally appropriate car safety seat, booster seat, seat belt, or harness that is suited to the child's weight, age, and/or psychological development following state and federal laws and regulations. Children will be securely fastened according to the manufacturer's instructions and meets federal motor vehicle safety standards. Child passenger restraint systems will be installed and used following the manufacturer's instructions and secured in back seats only.

No child shall ever be left alone or unsupervised; this includes any child that is considered to be school aged.

Vehicles used to transport children will be maintained at a temperature comfortable to children. While the vehicle is in motion, all children will be expected to remain seated and I will keep all doors locked. Face-to-name counts will be completed prior to leaving the child care area, upon arrival at the destination, and again upon return to the child care area to prevent any child in care from being left unintentionally in the vehicle.

I will assist all children when loading and unloading from the vehicle. To assure the safety of each child; all loading and unloading will be done curbside to avoid access to the roadway, unless the vehicle is in a protected area such as a parking lot or driveway.

## **ACKNOWLEDGEMENTS**

I acknowledge that I am responsible for understanding and maintaining all of the policies and procedures included in this document to maintain a healthy and safe environment for any child(ren) in my care. I will provide any updates to my policies and share with the parents/guardians of any child(ren) in my care as updates are made. I further acknowledge, that my policies will be reviewed no less than annually.

---

Signature of Child Care Provider / Facility Director

---

Date of Last Review

# [NAME OF PROVIDER]

## Food Allergy Action Plan

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ Asthma? ☐ Yes (high risk for severe reaction) ☐ No

Extremely reactive to the following foods \_\_\_\_\_

- ☐ Give epinephrine immediately for ANY symptoms if the allergen was likely eaten
- ☐ Give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noticeable

Any **SEVERE SYMPTOMS** after suspected or known ingestion

One or more of the following:

- LUNG:** Short of breath, wheeze, repetitive cough
- HEART:** Pale, blue, faint, weak pulse, dizzy
- THROAT:** Tight, hoarse, trouble breathing/swallowing
- MOUTH:** Obstructive swelling (tongue and/or lips)
- SKIN:** Many hives over body

Or a combination of symptoms from different body areas:

- SKIN:** Hives, itchy rashes, swelling (eyes, lips)
- GUT:** Vomiting, diarrhea, crampy pain



INJECT EPINEPHRINE IMMEDIATELY

**Call 9-1-1**

Give additional medications (antihistamine or inhaler if asthma)

USE EPINEPHRINE

\*Antihistamines and inhalers/bronchodilators are not to be depended on to treat a severe reaction.

**MILD SYMPTOMS ONLY**

**MOUTH:** Itchy mouth  
**SKIN:** A few hives around mouth/face, mild itch  
**GUT:** Mild nausea/discomfort



Give antihistamine

Stay with the child; alert healthcare professionals and parent/guardian

If symptoms progress (see above) USE EPINEPHRINE

Begin monitoring (see box below)

**MEDICATIONS/DOSES**

Epinephrine (brand/dose)

Antihistamine (brand/dose)

Other (inhaler/bronchodilator if asthmatic):

---

---

---

**MONITORING**

*Stay with the child; alert healthcare professionals and parent/guardian.* Tell emergency responders epinephrine was administered and request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given five (5) minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping the child lying on his/her back with legs raised. Treat child even if parents cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date